

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - **18094**

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: **12 / 31 / 2004**

3. Name and address of person filing.

Name **Anthony S Sessions Sr.**

P.O. Box, Bldg., Room No., if any

Street **11260 Island Club Ln.**

City **JACKSONVILLE**

State **Florida** ZIP Code + 4 **32225**

4. Name, file number, and address of labor organization.

Name **INTERNATIONAL UNION OF Bricklayers And Allied CRAFTWORKERS Local #1 Florida**

Labor Organization File Number **931837**

P.O. Box, Building and Room Number, if any

Street **145 EAST 1st St.**

City **JACKSONVILLE**

State **Florida** ZIP Code + 4 **32206**

5. Position in labor organization.

Business Field Representative

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

Anthony Sessions

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Anthony Sessions

On

Aug 15 2005
Date

904-354-0268
Telephone Number

Name of Person Filing

Anthony Sessions

File Number U-

N-A

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ATLANTA CAPITOL ADVISORS LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3091 MAPLE DRIVE N.E.

City ATLANTA

State Georgia ZIP Code + 4 30305

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Florida Travel Trades Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2001 CALDWELL DRIVE

City Knoxville

State TN ZIP Code + 4 37072

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

100,000

12.a. Nature of interest held or income received.

TRUSTEE MEETING
DINNER

12.b. Amount.

60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Anthony Sessions

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Fla. Travel Trades Pension And**Health & Welfare Fund*

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street *2001 Caldwell Drive*City *Hoodlettsville*State *TN* ZIP Code + 4 *37092*

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Anthony Sessions! is AN UNPAID Trustee. He was ~~paid~~ PAID expenses - relating TO Fund Business

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

Received reimbursements of money spent for attendance at Trustee conference and Educational Conference

12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

Name of Person Filing

Anthony Sessions

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Investment Performance Services*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *7402 Hodgson Memorial Drive # 100*City *SAVANNAH*State *Georgia* ZIP Code + 4 *31416*

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

INVESTMENT CONSULTANT

11.b. Approximate dollar value of such dealing.

30,000

12.a. Nature of interest held or income received.

*DINNER WITH TRUSTEE meeting
AND GOLF*

12.b. Amount.

82.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Anthony Lessina's

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Irish Investment*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *2401 P.K.A. Blvd Suite 100*City *Palm Beach Gardens*State *FL* ZIP Code + 4 *33410*

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *IRA Travel Trades Pension Fund*Trade Name, if any: *Southern Benefits Inc.*

P.O. Box, Bldg., Room No., if any

Street *2001 Caldwell Drive*City *Goodlettsville*State *TN* ZIP Code + 4 *37072-3589*

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

25,000 - 35,000

12.a. Nature of interest held or income received.

*BRUNCH DINNER -
IN CONNECTION WITH CONFERENCE*

12.b. Amount.

\$ 40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.